REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only				
International Application No.				
International Filing Date				
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according to the I atom cooperation	Applicant's or agent's in (if desired) (12 charact	file reference 24947/1-PCT ters maximum)				
Box No. I TITLE OF INVENTION Controlled Release Pharmaceutical Compositions With Improved Bioavailability						
Box No. II APPLICANT . This per	son is also inventor					
		Telephone No.				
Name and address: (Family name followed by given name; for a legal en The address must include postal code and name of country. The country o Bax is the applicant's State (that is, country) of residence of no State of residence.	91-22-2566-1096					
RUBICON RESEARCH PRIVATE LIMITED	Facsimile No.					
221 Anney Building	91-22-2566-1097					
Goregaon-Mulund Link Road Opposite India Container Yard, Off L.B.S. Marg, Bhandup (W), Mumbai - 400 078	Teleprinter No.					
India	, .	Applicant's registration No. with the Office				
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State (that is, country) of nationality:	State (that is, count					
India This percent applicant all designated all de	ated States except	the United States of America only the States indicated in the Supplemental Box				
This person is applicant States the Unite	d States of America	OI I district				
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTO)K(5)				
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PILGAONKAR, Pratibha 801 / L / 6 Neelam Nagar, V.B. Phadke Rd., Mulund (East); Mumbai 400 081		applicant and inventor inventor only (If this check-box is marked, do not fill in below.)				
India		Applicant's registration No. with the Office				
State (that is, country) of nationality: State (that is, country) of residence: India						
India This person is applicant all designated all d	mated States except ed States of America	the United States the States indicated in the Supplemental Box				
for the surrocce of.		sheet.				
Further applicants and/or (further) inventors are indicated and a second a second and a second a	AMERICA OR ADDRES	S FOR CORRESPONDENCE				
Box No. IV AGENT OR COMMON REPRESENT		agent common representative				
The person identified below is hereby/has been appointed the applicant(s) before the competent International Author						
Name and address: (Family name followed by given name; for a legal e The address must include postal code and name of		Telephone No. 617-856-8238				
SERIO John C.		Facsimile No.				
Brown Rudnick Berlack Israels LLP One Financial Center, Box IP	•	617-856-8201				
Roston MA 02111		Teleprinter No.				
United States of America		Agent's registration No. with the Office				
		39.023				
Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and Address for correspondence should be sent.						
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Form PCT/RO/101 (first sheet) (January 2004)
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C. No. 1	III FURTHER APP	LICANT(S)	AND/OR (FURTHE	R) INVENTOR(S)	
Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) If none of the following sub-boxes is used, this sheet should not be included in the request.					
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence (I no State of residence is indicated below.) RUSTOMJEE, Maharukh T. Dhun Building, 'A' Block, 2nd Floor, Dr. Dadasaheb Bhadkamkar Marg, Mumbal 400 007, India				This person is:	
State (that is, country) of n	nationality:		State (that is, count	ry) of residence:	
This person is applicant	all designated States	all designated United States	States except the of America	the United States the States indicated in the Supplemental	
Name and address: (Family in The address must include postal Box is the applicant's State (that is GANDHI, Anilkumar S. 5B/25, Shree Jawahar Govindnagar, Sodawala Bonvali (W.) Mumbal: 400 092 India	code and name of country. s, country) of residence if no Society			This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
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This person is applicant for the	all designated [all designat United State	ed States except the es of America	the United States of America only the States indicated in the Supplemental	
Further applicants and/or (further) inventors are indicated on another continuation sheet.					
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REPLACEMENT SHEET